

Business Name _____		OFFICIAL USE ONLY (Place Date Stamp Below) Business Tax Certificate # _____ Check # _____ Amount _____	
Corporate Name _____ (If Different)			
Business Location _____ (Not P.O. Box)			
City _____ State _____ Zip _____	Bus. Home () _____ Bus. Fax () _____		
Mailing Address _____ (If Different)			
City _____ State _____ Zip _____	Email Address _____		
Start Date _____		Description of Business _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tax Exempt No. _____			
State Lic. No. _____		License Type _____ Expiration Date _____	
Resale No. _____		Federal ID No. _____ Contractor's No. _____	
PERSONAL INFORMATION – Enter below names of Owners, Partners, or Corporate Officers – Use Additional Sheets As Necessary			
Owner 1 Owner Name _____ Title _____ Phone () _____ Home Address _____ Cell Phone () _____ City _____ State _____ Zip _____ Social Security No. _____			
Owner 2 Owner Name _____ Title _____ Phone () _____ Home Address _____ Cell Phone () _____ City _____ State _____ Zip _____ Social Security No. _____			
EMERGENCY NOTIFICATION – In case of an emergency and I cannot be reached, please call:			
Name _____ Phone () _____ Address _____ Cell Phone () _____ City _____ State _____ Zip _____			
ALARM COMPANY (If Applicable)			
Name _____ Title _____ Phone () _____ Address _____ License No. _____ City _____ State _____ Zip _____			
APPLICANT MUST NOTIFY THE FINANCE DEPARTMENT WITHIN FIVE (5) BUSINESS DAYS OF ANY CHANGES TO THIS APPLICATION. I declare, under penalty of perjury, that this application has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of facts. _____ Signature _____ Print Name _____ Title _____ Date _____		<div style="text-align: right;"> No. of Units (Line A) _____ Estimated Gross Receipts for the 12 month period (Line B) _____ Business Tax (Line C) _____ Application Fee (Line D) \$65.00 <small>(Not applicable to businesses that gross less than \$5,000)</small> Home Occupancy Fee (Line E) _____ <small>(\$30.00 if applicable)</small> Other Fees (Line F) _____ <small>(Planning Review \$5.00 if applicable)</small> State CASp Fee (Line G) \$1.00 <small>(Not applicable to businesses that gross less than \$5,000)</small> Total Amount Due (Sum of Lines C – G) _____ </div>	
<i>Thank you for doing business in the Town of Mammoth Lakes</i>		PLEASE MAKE CHECK PAYABLE TO THE TOWN OF MAMMOTH LAKES	

Select your type of business from the Business Tax Schedule below and enter here _____

Estimation of your gross receipts should be based on a twelve month period commencing with the first day of business. Your Business Tax Certificate will expire on December 31st with an annual renewal. If you need assistance, please contact the Finance Department at (760) 934-8989.

Line 1: Enter your estimated gross receipts for a 12 month period commencing with the first date of business.

\$

Determine your Business Tax Schedule from the tables below and check the box by the dollar range into which your gross receipt falls.

Line 2: Enter the amount from Column (a) for the gross receipt dollar range you selected.

\$

Line 3: Subtract Line 2 from Line 1.

\$

Line 4: Enter the amount from Column (b) for the gross receipt dollar range you selected.

\$

Line 5: Multiply Line 3 by Line 4.

\$

Line 6: Enter the amount from Column (c) for the gross receipt dollar range you selected.

\$

Line 7: Add Line 5 and Line 6 for your **Business Tax Calculation**.

Please transfer the total Business Tax Calculation (Line 7) to Line C on the front of this application.

SCHEDULE A – RETAIL

	a	b	c
<input type="checkbox"/> 0 to \$4,999.99			No Tax Due
<input type="checkbox"/> \$5,000.00 to \$24,999.99			\$50.00
<input type="checkbox"/> \$25,000.01 to \$200,000.00	\$25,000.00	.001	\$50.00
<input type="checkbox"/> \$200,000.01 to \$500,000.00	\$200,000.00	.0005	\$225.00
<input type="checkbox"/> \$500,000.01 and over	\$500,000.00	.00025	\$375.00

SCHEDULE B – SERVICE BUSINESS

	a	b	c
<input type="checkbox"/> 0 to \$4,999.99			No Tax Due
<input type="checkbox"/> \$5,000.00 to \$24,999.99			\$50.00
<input type="checkbox"/> \$25,000.01 to \$100,000.00	\$25,000.00	.001	\$50.00
<input type="checkbox"/> \$100,000.01 to \$500,000.00	\$100,000.00	.0005	\$125.00
<input type="checkbox"/> \$500,000.01 and over	\$500,000.00	.00025	\$325.00

SCHEDULE C – ENTERTAINMENT AND OTHER RECREATION

	a	b	c
<input type="checkbox"/> 0 to \$4,999.99			No Tax Due
<input type="checkbox"/> \$5,000.00 to \$24,999.99			\$50.00
<input type="checkbox"/> \$25,000.01 to \$100,000.00	\$25,000.00	.001	\$50.00
<input type="checkbox"/> \$100,000.01 to \$250,000.00	\$100,000.00	.00075	\$125.00
<input type="checkbox"/> \$250,000.01 to \$500,000.00	\$250,000.00	.0005	\$240.00
<input type="checkbox"/> \$500,000.01 and over	\$500,000.00	.00025	\$365.00

SCHEDULE D – PROFESSIONAL BUSINESSES

	a	b	c
<input type="checkbox"/> 0 to \$4,999.99			No Tax Due
<input type="checkbox"/> \$5,000.00 to \$24,999.99			\$75.00
<input type="checkbox"/> \$25,000.01 to \$200,000.00	\$25,000.00	.0015	\$75.00
<input type="checkbox"/> \$200,000.01 to \$500,000.00	\$200,000.00	.00075	\$337.50
<input type="checkbox"/> \$500,000.01 and over	\$500,000.00	.000375	\$550.00

SCHEDULE G – COMMUNICATION BUSINESSES

	a	b	c
<input type="checkbox"/> 0 to \$25,000.00			\$50.00
<input type="checkbox"/> \$25,000.01 to \$10,000,000.00	\$25,000.00	.0001	\$50.00
<input type="checkbox"/> \$10,000,000.01 and over	\$10,000,000.00	.00005	\$1,050.00

SCHEDULE H – VENDING MACHINES

	a	b	c
<input type="checkbox"/> 0 to \$25,000.00			\$10.00
<input type="checkbox"/> \$25,000.01 and over	\$25,000.00	.0005	\$10.00

PER UNIT CALCULATION

Enter the total number of units on Line A, Page 1. Enter the Business Tax Calculation on Line C, Page 1.

SCHEDULE E – HOTELS, MOTELS, LODGES, INNS, MOBILE HOME AND RV PARKS, CAMPGROUNDS

- ☐ For RV Parks and Campgrounds \$25.00 plus \$2.50 per space
- ☐ For Hotels, Motels, Lodges, Inns, and Mobile Home Parks \$25.00 plus \$5.00 per space or room
- ☐ TOT Certificate Fee \$23.00 per space or room

SCHEDULE F – CONDOMINIUM RENTALS, APARTMENTS, RENTAL MANAGEMENT SERVICES

- ☐ First Unit \$25.00
- ☐ Second Unit \$25.00
- Plus \$5.00 for each unit over 2 _____
- ☐ TOT Certificate Fee \$23.00 per unit

FLAT RATE

Transfer your flat rate selection to Line C, Page 1.

- ☐ Advertising Billboard \$100.00 per year
- ☐ Outdoor Entertainment/Festival See Finance Department
- ☐ Sponsored by Non-Profit Organization \$50.00 per year
- ☐ For Hire Vehicle \$50.00 per year
- ☐ Concessionaires (limit of 30 days) \$50.00 per year
- ☐ Delivery Services/Non Resident Business \$50.00 per year
- ☐ Peddler/Solicitor \$50.00 per year
- ☐ Principal Peddler/Solicitor \$250.00 per year plus \$5.00 per peddler or solicitor
- ☐ Chain Installer \$25.00 per year
- ☐ Amusement Machines \$10.00 per machine

TOWN OF MAMMOTH LAKES – HOME OCCUPATION

17.32.080 Home Occupations – Approval By Planning Director Home Occupations, where permitted by the provisions of this title, shall be subject to the approval of the Planning Director and shall comply with all of the performance standards set forth in 17.32.090.

17.32.090 Home Occupations – Performance Standards Home Occupations shall comply with all of the following standards:

A. In no way shall the appearance of the structure or premises be so altered or the conduct of the occupation within the structure be such that the structure or premises may be reasonably recognized as serving a non-residential use (either by color, materials, or construction, lighting, signs, sounds or noises, vibrations, display of equipment, etc.)

B. The use shall not generate pedestrian or vehicular traffic beyond that normal to the neighborhood in which it is located.

C. No one other than a resident of the dwelling shall be employed in the conduct of the home occupation.

D. No outdoor storage of motor or mechanical equipment shall be permitted other than normally incidental to the use of the structure dwelling.

E. The use shall be contained entirely within the residence.

F. No storage of materials and/or supplies, indoors or outdoors, shall be permitted which will be hazardous to surrounding neighbors or detrimental to the residential character of the neighborhood.

G. There shall be no use of utilities or community facilities beyond that normal to the use of the property for residential purposes.

H. A home occupation shall not create any radio or television interference or noise audible beyond the boundaries of the site.

I. No smoke, odor, liquid, or solid waste shall be emitted.

J. There shall be no outdoor storage or display of materials or equipment maintained on the premises.

K. The conduct of the home occupation shall not interfere with the maintenance of the required parking.

L. A Business Tax Certificate shall be obtained from the Finance Department.

M. Not more than one commercial motor vehicle, where such motor vehicle is used as the owner's means of business transportation, shall be permitted in any residential district.

N. The business involves no other equipment or vehicles than those customarily related to the dwelling.

17.32.100 Home Occupation Application – Decision by the Planning Director Any person wishing to engage in a home occupation shall file a Statement of Compliance with the Planning Director in conjunction with the filing of the required application. The Planning Director shall render a decision to approve or deny the application within 15 days. The decision of the Planning Director regarding the approval, denial or any conditions imposed may be appealed in writing within fifteen days of the Director's Notice of the decision. A decision of the planning commission may be appealed to the Town Council within fifteen days of the decision.

STATEMENT OF COMPLIANCE

TOWN OF MAMMOTH LAKES – HOME OCCUPATION ORDINANCE

I, the undersigned, have read Section 17.32.080 of the Town of Mammoth Lakes Code, the Home Occupations Ordinance. I understand the restrictions placed upon home occupations and I agree to comply with these restrictions.

I understand the violation of this ordinance is grounds for revocation of the Business Tax Certificate.

Business Name _____

Business Address _____

Applicant's / Agent's Name _____

Applicant's / Agent's Signature _____

Date _____

Home Occupation Fee: \$30.00

Please return this form with your Business Tax Certificate Application to:

The Town of Mammoth Lakes
Finance Department, Business Taxes
P.O. Box 1609
Mammoth Lakes, CA 93546